NIGERIA AND HIV/AIDS

Key Talking Points

Although Nigeria's HIV prevalence of 4.5 percent is lower than those of many other African countries, the absolute number of people affected is much larger:

- About 5.5 million Nigerians are living with HIV/AIDS.
- Thirteen percent of all HIV-positive Africans live in Nigeria.
- An estimated half a million people became infected in 1998.

AIDS Deaths AIDS has killed more than a half million Nigerians—150,000 of them in 1997. From 1995 to 2015, more people are expected to die of AIDS in Nigeria than in all other African countries except South Africa and Kenya. The epidemic will reduce life expectancy from 55 to 50 by the year 2000.

HIV in Women In 1996, 7 percent of pregnant women in urban antenatal clinics and 4.5 percent of women in all antenatal clinics tested positive for HIV. A 1996 survey of female sex workers found that 35 percent were HIV-positive.

HIV in Youth Almost 19 percent of HIV infections among women attending antenatal clinics are in 16- to 20-year-olds. More than 5 percent of all people in this age group are HIV-positive.

Children and HIV/AIDS In 1998, 140,000 children were living with HIV/AIDS. More than 600,000 have lost parents to AIDS—184,000 of them in 1998.

Socioeconomic Impact Almost 72 percent of HIV infections are among adults younger than 40. The illness and deaths caused by AIDS among people in their most productive years will have a devastating effect on families, communities, businesses, and the struggling national economy.

USAID is one of a few donors to HIV/AIDS programs in Nigeria. In fiscal year 1998 it allocated $4.8 million for HIV/AIDS, including a $1-million Special Objective to improve prevention efforts. Due to sanctions against the Nigerian government, the mission has provided all support through waivers and has worked exclusively through nongovernmental organizations.

National Response Driven by external support, constrained by military rule, and managed by a national body with little power and few resources, Nigeria's response to HIV/AIDS has fallen far behind the epidemic. Democratic rule may provide opportunities for greater political support, expanded participation, and improved coordination of the national response. The national HIV/AIDS program needs more autonomy and resources to strengthen prevention and care programs, promote positive behavior change, and reduce stigma and discrimination against people living with HIV/AIDS.

U.S. Agency for International Development

Population, Health and Nutrition Programs
HIV/AIDS Division

1300 Pennsylvania Ave., N.W.
Ronald Reagan Building, 3rd Floor
Washington DC 20523-3600
Tel: (202) 712-4120
Fax: (202) 216-3046
URL: www.info.usaid.gov/pop_health

Implementing AIDS Prevention and Care (IMPACT) Project

Family Health International
2101 Wilson Boulevard, Suite 700
Arlington VA 22201 USA
Telephone: (703) 516-9779
Fax: (703) 516-9781
URL: www.fhi.org

NIGERIA AND HIV/AIDS

Country Profile

Nigeria is sub-Saharan Africa's most populous nation, with about 122 million inhabitants, or roughly 14 percent of the region's entire population. The country has major political and economic influence throughout Africa—particularly in West Africa—and plays a peacekeeping role in the region. Although rich in natural resources, Nigeria has experienced rapid population growth and uneven economic development, resulting in an increasing poverty rate that has outpaced the Nigerian government's ability to provide adequate health and social services.

Among the development challenges facing Nigeria are the instability of its political environment, regional cultural and religious diversity (more than 250 ethnic groups), and the spread of HIV/AIDS.

More than a decade of economic decline has had a devastating impact on maternal and child health.

Nigeria's rates of infant mortality (91 per 1,000 live births) and maternal mortality (800 to 1,500 per 100,000 live births) are among the highest in the world, and immunization coverage has dropped below 30 percent. The mortality rate for children under age 5 is 192 deaths per 1,000. By the year 2000, more than 149,000 women will die every year from pregnancy complications.

From the mid-1980s to 1996, the GDP per capita declined from $1,000 to an estimated $250. A 1996 national survey revealed that 49 percent of Nigerians are living below the poverty line of $8 or less in monthly household income.

HIV/AIDS in Nigeria

HIV/AIDS has become a major public health problem in Nigeria since the first case was reported in 1986. The 1998 HIV-prevalence rate estimated by the government was 4.5 percent, but health workers think the real figure is twice that. Although the HIV prevalence rate is lower in Nigeria than in some other African countries, the absolute numbers of people affected are larger. As the epidemic grows, many fear that it will spread throughout West Africa.

- At least 5.5 million Nigerians are living with HIV—more than 13 percent of Africa's 1998 HIV-positive population.
- The number of AIDS cases reported by the Nigerian government increased 840 percent from April 1994 to November 1997. An estimated half a million people became infected in 1998.
- Almost 72 percent of HIV infections are among adults younger than 40.

AIDS has already claimed many lives in Nigeria. About 590,000 people have died of AIDS-related diseases since the beginning of the epidemic—150,000 of those in 1997.

- Due to AIDS, the crude death rate in Nigeria will be 20 percent higher in the year 2000 than it was in 1990.
- The National AIDS and STD Control Program (NASCP) estimates that 1.4 million Nigerians will have died from AIDS by 2002.
- Between 1995 and 2015, Nigeria is projected to have one of the highest numbers of AIDS deaths in Africa, second only to South Africa and equal (4.3 million) to Kenya.
- By the year 2000, life expectancy will have dropped from 55 to 50 as a result of AIDS.

In 1998, 1,500 Nigerians became infected with HIV every day— more than one new infection per minute.

Several factors contribute to the rapid spread of HIV in Nigeria, including high prevalence of other sexually transmitted diseases (STDs), low use of condoms, poverty and poor health status, the low status of women, and silence and denial due to the stigma of AIDS. The country's size and great regional religious and cultural differences also pose formidable challenges, requiring that strategies be developed region by region.

HIV/AIDS will strain an already inadequate healthcare system. Approximately 60 percent of Nigerians have no access to any form of health services.

But additional healthcare demands and costs are only part of the epidemic's broad impact. The economies of families, communities, businesses, and the country itself will also suffer as Nigeria loses people in their most productive years, after society has invested in their health and social development and before they can contribute to national development.

Women and HIV/AIDS

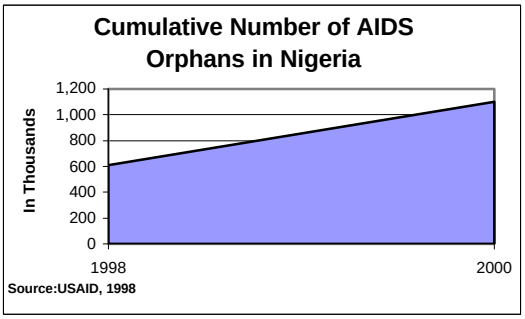
Women's low social and economic status, combined with greater biological susceptibility to HIV, put them at high risk of infection. Deteriorating economic conditions, which make it difficult for women to access health and social services, compound this vulnerability.

- The 1996 HIV prevalence rate for pregnant women in urban areas was 7 percent and the national average was 4.5 percent.
- A 1996 NASCP survey found that 35 percent of sex workers were HIV-positive.

Children and HIV/AIDS

The HIV epidemic has a disproportionate impact on children, causing high morbidity and mortality rates among infected children and orphaning many others.

- Forty-six percent of the total Nigerian population (nearly 59 million people) is under age 15.
- Approximately 30 to 40 percent of infants born to HIV-positive mothers in Nigeria will also become infected with HIV, and most will die within two years.
- In 1998, 4 percent (140,000) of the people living with HIV/AIDS (PLWHA) in Nigeria were under age 15.
- Nearly 184,000 children were orphaned by AIDS in 1998. Since the beginning of the epidemic, more than 600,000 children have lost parents to the disease.



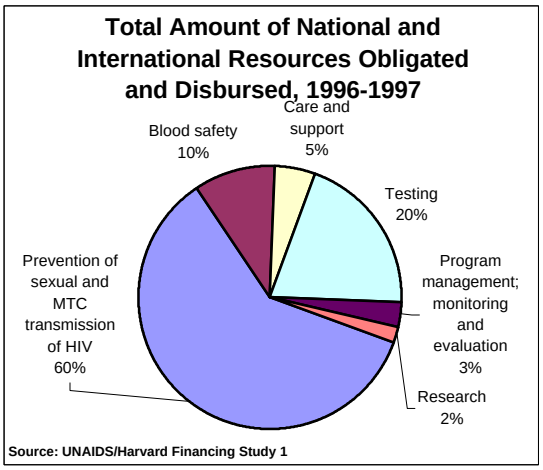
Youth and HIV/AIDS

Youth are at greatest risk of HIV infection, particularly young women. This is partly due to the physiological immaturity of the young female reproductive system, and partly due to partnering with higher-risk, older men.

- Almost 19 percent of HIV infections among women attending antenatal clinics nationwide occur among those ages 16 to 20.
- More than 5 percent of all 16- to 20-year-olds are HIV-positive.

Many of the next generation of Nigerian workers are losing opportunities to receive an education. When a family loses adults to AIDS, girls are taken out of school for care giving and boys for income production. Others are dropping out because they cannot afford school fees. Many young people have also become responsible for supporting their families.

Interventions



To date, HIV/AIDS interventions in Nigeria have been supported in three ways: (1) through funding and implementation of direct HIV/AIDS and STD projects; (2) through integration of HIV/AIDS and STD activities into maternal-child health (MCH), reproductive health, and health education projects; and (3) through support for social and economic projects that are intended to reduce people's vulnerability to HIV.

According to a UNAIDS/Harvard study, total 1996-1997 financing of the response to HIV/AIDS in Nigeria from national and international resources, including the estimated value of in-kind donations, are summarized in the following table:

Funding Source	US$ Amount 1996	US$ Amount 1997
National		
HIV/AIDS projects	9,756	
International		
HIV/AIDS projects	825,951	3,238,074
HIV/AIDS portion of integrated projects	2,719,186	2,663,222
In-kind Donations	207,627	1,019,925
TOTAL	**3,762,520**	**6,921,221**

National Response

The National AIDS Prevention and Control Program (NACP**)** was initiated in 1986. In January 1989 a multidisciplinary National AIDS Committee (NAC) was developed. Also in 1989, state AIDS committees were formed and a three-year Medium Term Plan (1990-1992) for the prevention and control of HIV/AIDS was developed.

The NACP and National Sexually Transmitted Disease (STD) Program merged in 1992 to become the National AIDS and STD Control Program (NASCP). A second Medium Term Plan (1993-1997) was developed, focusing on preventing sexual transmission of HIV through behavioral change interventions and STD case management. The NASCP is located in the Department of Primary Health Care and Disease Control. HIV/AIDS and STD activities are decentralized to the state and local government area levels through the primary health care (PHC) delivery system. The NASCP approach to

Nigerians finally began to realize that AIDS can kill anyone when then-Minister of Health Ransom Kuti, the brother of popular music star Fela Kuti, announced to a stadium full of mourners in 1997 that Fela had died of AIDS.

HIV/AIDS is designed to be multidisciplinary and multisectoral, with active participation from the ministries of Health, Women's Affairs, Defense, and National Planning. NASCP endorsed a national policy on HIV/AIDS in December 1998.

HIV/AIDS activities are being integrated into MCH programs, and more focus is being placed on adolescent health and sexuality. Increased attention is also being paid to tuberculosis (TB) and STD management.

Several private multinational companies working in Nigeria have funded NASCP HIV/AIDS activities. Chevron, for example, has supported training in STD management, and Glaxo-Welcome has funded AIDS case management. Janssen Drugs has supplied miconasol and ketonasole for treating candida, a common opportunistic infection.

Few states require HIV screening before blood transfusion. In 1998, the Petroleum (Special) Trust Fund (PTF) invested $10 million in a blood initiative, providing HIV screening reagents to selected government facilities in every state. The PTF—a quasi-autonomous federal agency set up in 1993 to administer proceeds from Nigeria's oil sales in collaboration with the Federal Ministry of Health—also organized and sponsored a national conference on HIV/AIDS in December 1998.

The Nigerian Institute of Medical Research (NIMR) and the National Pharmaceutical Research and Development Institute (NIPRD) are involved in AIDS treatment research.

Donors

Sanctions imposed on the Nigerian government by Western countries in the mid-1990s have limited donor activity in Nigeria. According to a study by UNAIDS and Harvard University, two bilateral organizations and two foundations contributed the following amounts, including in-kind donations, in 1996 -1997 and 1998:

Donor	US$ Amount
DIFD	8,640,002 (1996-1997)
USAID	5,424,390 (1996-1998)
Ford Foundation	1,210,000 (1994-1998)
MacArthur Foundation	587,000 (1996-1999)
Total	15,861,392

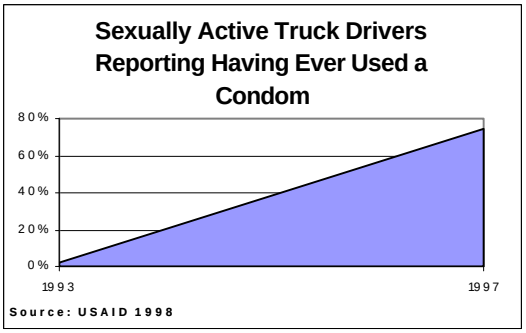
Bilateral organization contributions 1996–1999

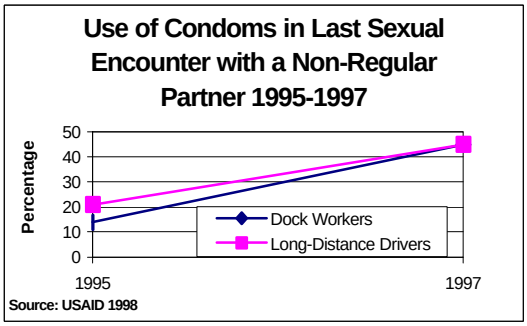
External assistance was often given through nongovernmental organizations instead of to the government, and donors provided considerable in-kind contributions.

USAID's HIV/AIDS funding for FY 1998 was $3.8 million. In addition, a Special Objective to improve HIV/AIDS prevention and control was allocated $1 million in 1998.

Since 1994, due to sanctions against the Nigerian government, USAID has been providing support through waivers and working exclusively through NGOs. The current strategy combines efforts to strengthen NGO management and build sustainability with technical support in child survival, family planning, and HIV/AIDS prevention. To address women's lack of power in sexual situations and the vulnerability of youth, the program provides peer support and training in negotiation skills for women and young people.

HIV/AIDS activities of the Special Objective have focused on condom social marketing; behavior change communication (BCC) strategies targeting high-risk groups; behavioral research on sexuality and STDs in adolescents; training to improve treatment and prevention of STDs; support for community- and home-based care; and





involvement of PLWHA in BCC at the community level.

Building on these efforts, USAID is also working through Family Health International to strengthen the private sector response to HIV. Another area of emphasis is improving the monitoring and evaluation of HIV/AIDS prevention, care, and support activities in Nigeria.

The Department for International Development (DFID) supports prevention and care activities through NGOs. The Society for Family Health (SFH), the local affiliate of Population Services International, implements a three-year, $5.9-million social marketing project. In Benue State, Pathfinder International targets in-school youth, sex workers, and PLWHA. DFID provided in-kind donations of HIV antibody testing kits and re-agents, STD laboratory reagents, condoms, and needs assessments for ELISA machines. Current projects include HIV/AIDS counseling training for Christian health institutions, training sex workers as peer educators, and maintenance and repair of testing equipment.

The Ford Foundation provides capacity building for NGOs and supports HIV prevention work through NGOs, targeting in-school youth, poorly educated women, and prisoners. The foundation has sponsored AIDS research, information dissemination, and community-based education.

The John D. and Catherine T. MacArthur Foundation supports educational efforts to prevent and control the spread of HIV/AIDS and STDs through the STOPAIDS organization. It also funded research to investigate how to improve STD treatment and service utilization among teenagers. The foundation sponsored a project on sexuality education and STD prevention for young people by the Association for Development Options in Nigeria (ADON) and an HIV/AIDS awareness program for men and sex workers by the Nigerian Popular Theater Alliance. It worked with the Nigerian Network on AIDS Prevention, Support, and Care (Ife-Ife) to educate parents and teachers about preventing the spread of HIV among adolescents.

UNAIDS' coordinating theme group in Nigeria, chaired by UNICEF, includes representatives from UNICEF, UNDP, UNFPA, UNESCO, WHO, and the World Bank. Support from the UNAIDS cosponsors in 1996-1997 and 1998-99 included:

Donor	Amount US$ 1996-97	Amount US$ 1998-99
UNDP	676,680	125,000
UNAIDS	225,000	400,000
WHO	188,000	50,000
World Bank	42,500	100,000
UNFPA*		150,000
Total	**1,132,180**	**825,000**

UNAIDS cosponsor support 1996-1999

**Estimated amount of UNFPA's reproductive health program funds that go toward HIV/AIDS.*

WHO provided testing equipment and supplies; collected HIV/STD prevalence data among prisoners; sponsored a workshop on sterilization procedures for traditional circumcision and tribalmark practitioners and cosmetologists; supported (with Chevron) HIV/AIDS prevention and control activities in primary and secondary schools; and sponsored workshops on community home-based care of PLWHA and syndromic management of STDs.

Private Voluntary Organizations (PVOs) and Nongovernmental Organizations (NGOs)

A number of PVOs implement activities in Nigeria, funded as cooperating agencies (CAs) for multilateral and bilateral donors and foundations. Major USAID CAs include Family Health International, Population Services International, Pathfinder International, and the Center for Development and Population Activities. *See attached preliminary chart for PVO, USAID cooperating agencies, and NGO target areas of HIV/AIDS activities. This list is evolving and changes periodically.*

Journalists Against AIDS (JAAIDS) Nigeria, formed in 1997 after the death of Fela Kuti, trains journalists and journalism students to encourage accurate HIV/AIDS reporting and publishes a monthly e-mail bulletin. Its members also advocate for improved policy responses to the epidemic.

Challenges

Major constraints to HIV/AIDS control in Nigeria include the following:

- Misconceptions about the epidemic. A growing number of people believe that one can contract HIV from public toilets, mosquitoes, casual contact, or sharing food with PLWHA.
- Lack of government political commitment and financial support. NASCP budgeted $555,488 for HIV/STD projects in 1996 but disbursed only $9,756.
- Inadequate supplies of HIV testing kits, accessible and affordable condoms, and drugs for treating STDs and opportunistic infections.
- Limited capacity of the Nigerian government to care for the growing number of PLWHA.
- The NASCP's small technical staff.
- The Petroleum (Special) Trust Fund conducts HIV/AIDS activities instead of channeling funds through the NASCP.
- Sociocultural limitations on sex education.
- Nonfunctioning state-level HIV/AIDS committees, because some states do not have full-time AIDS control coordinators.
- The minimal scale and coverage of prevention efforts, with pilot activities which reach only a small proportion of the population.
- Failure to adequately address specific areas, such as HIV and drug use, female condoms, research, access to antiretroviral treatment, and HIV transmission among men who have sex with men.

The following gaps in programming must be filled in order to mount an effective response to HIV/AIDS in Nigeria.

- The HIV/AIDS surveillance system needs to be improved so that the epidemic can be accurately measured.
- A strategic plan has not been developed for the national program since the expiration of the medium term plan in 1997.
- Lack of effective STD services.
- Voluntary counseling and testing (VCT) is not available to most Nigerians.
- There are no programs to prevent vertical transmission of HIV or to support orphans.
- Less than two percent of health institutions provide clinical services for HIV/AIDS patients.
- Lack of coordination with other government programs.
- Lack of involvement of PLWHA in programs.

The Future

Driven by external support and managed by a national body with little power and few resources, Nigeria's prevention efforts have not kept pace with a relentless epidemic. Military rule constricted the environment and motivation for an adequate response. With the new democratic government, greater political support, expansion of participation, and coordination of the national response to HIV/AIDS should be possible.

Strong leadership is required to strengthen prevention and care programs, promote better risk perception and behavior change, and reduce stigma and discrimination against PLWHA.

Giving NASCP autonomy and more funding and technical staff would help achieve these goals. The Nigerian government could involve business by providing tax incentives for establishing HIV/AIDS prevention and care programs for employees, their families, and surrounding communities or by establishing laws requiring such programs.

"The way forward is to call on the Head of State to make a public statement acknowledging that HIV/AIDS is among us, and for the highest office in the land to place HIV/AIDS high on the nation's agenda. It is then and only then that this country will make significant strides in the prevention and control of the epidemic." --Dr. Kenneth Ofosu-Barko, UNAIDS Country Programme Advisor (CPA) in Nigeria

Important Links and Contacts

1. UNAIDS: c/o UNDP Resident Coordinator, 11 Oyinkan Abayomi Drive, Ikoyo, Lagos. Tel: (234 1) 269 2141-3/3396; email: kenneth.ofosubarko@undp.org.ng
2. Journalists Against AIDS, Omolu Falobi, Box 56282 Falomo, Lagos. Tel: (234 1) 497 2815; email: editorial@punch.com.ng
3. The Petroleum (Special) Trust Fund, Chairman/Chief Executive Major-General Muhammadu Buhari and Deputy Director Health Dr. M.D. Ibrahim, Plot 802, Airport Road, Central District P.M.B. 5007, Wuse, Abuja. Tel: (234 9) 5236691-8

U.S. Agency for International Development

Population, Health and Nutrition Programs
HIV/AIDS Division

1300 Pennsylvania Ave., N.W.
Ronald Reagan Building, 3rd Floor
Washington DC 20523-3600
Tel: (202) 712-4120
Fax: (202) 216-3046
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Implementing AIDS Prevention and Care (IMPACT) Project

Family Health International
2101 Wilson Boulevard, Suite 700
Arlington VA 22201 USA
Telephone: (703) 516-9779
Fax: (703) 516-9781
URL: www.fhi.org

April 1999

U.S. Based
Institutional Interventions

Nigeria

Organization	Intervention																
	Advoc.	BCI	Care/S	Training	Cond.	SM	Eval.	HR	IEC	MTCT	Research	Policy	STD	VCT	Orphan	TB	Other
Cooperating Agencies																	
FHI/IMPACT	X	X	X	X	X		X		X			X	X				Surveillance, HIV+ programs
Horizons/Pop. Council		X			X						X						
Johns Hopkins University		X					X		X		X						
UCSF - CAPS		X									X						
PVOs/NGOs																	
MAP International									X								
Civil/Military Alliance to Combat HIV/AIDS									X								
Salvation Army			X	X					X								

KEY:

Advoc.	Advocacy	**MTCT**	Mother to Child Transmission activities
BCI	Behavior Change Intervention	**Research**	HIV/AIDS research activities
Care/S	Care & Support Activities	**Policy**	Policy monitoring or development
Training	HIV/AIDS training programs	**STD**	STD services or drug distribution
Cond.	Condom Distribution	**VCT**	Voluntary counseling and testing
SM	Social Marketing	**Orphan**	AIDS orphan activities
Eval.	Evaluation of several projects	**TB**	TB control
HR	Human Rights activities	**Other**	(I.e. blood supply, etc.).
IEC	Information, education, communication activities		